

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90023 011 ***150.00

DOCUMENT # P93000084957

1. Entity Name

ROLLING OAK SUPPLY, INC.



Principal Place of Business
5675 NEW TAMPA HWY
UNIT #5
LAKELAND FL 33815
US

Mailing Address
P.O. BOX 91627
LAKELAND FL 33804-1627



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

5675 NEW TAMPA HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT #5

City & State

City & State

LAKELAND, FL

Zip

Country

Zip

Country

33815

FLORIDA

4. FEI Number

65-0451570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SACCOMAN, DOROTHY A.
4244 WINDCHIME LN
LAKELAND FL 33811

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
SACCOMAN, DOROTHY A
7838 ROLLING GROVE DR E
LAKELAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
SACCOMAN, STANLEY J
4244 WINDCHIME LANE
LAKELAND FL 33811 ☐ Delete

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dorothy A. Saccoman DOROTHY A. SACCOMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-07

Date

(863) 688 9007

Daytime Phone #